Membership Application

Name _____________________________________________________  Phone _______________

Mailing Address ____________________________________________________________________________

City ______________________  State ____________  Zip _____________  □ Renewal

Email address _____________________________________________________________________________

Newsletter Preference:  □ Paper  □ Email

□ Individual, Family, or Organization for one year .......... $20

□ Individual, Family, or Organization for one year .......... $50

□ Student or Senior Citizen, one year ......................... $15

□ Lifetime Membership........................................... $500

Dues, Gifts, and bequests are tax deductible to the extent permitted by law [IRS Code 501(c)(3)].

Your Donation in any amount is appreciated $ ____________________

Please Make Checks payable and mail to: NNPS . P.O. Box 8965 . Reno, NV 89507-8965